

ABC CHILD CARE
VOUCHER PROGRAM

**PARTICIPATING
PROVIDER BUSINESS
PROCEDURES**
*FOR LICENSED/REGISTERED
FACILITIES*

South Carolina
Department of Social Services
1-800-262-4416

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REVIEW AT A GLANCE WHO TO CALL AND WHEN

DSS SUPPORT SERVICES SPECIALIST

If any of the following occurs or is about to occur, the **provider must** report this information to the South Carolina Department of Social Services (DSS) Support Services Specialist (SSS) by telephone or in writing. The provider must not send any information with their Service Voucher Log (SVL).

- Change in facility address or payment address
- Change in telephone number
- Change in FEIN or Social Security number
- Change in director
- Change in rates
- Plans to sell facility
- Closing of facility
- If provider needs to add or delete an age group
- Change in regulatory status
- Facility becomes accredited
- Change in name of day care

LISTING OF TELEPHONE NUMBERS FOR SUPPORT SERVICES SPECIALISTS BY COUNTY

(The names are not listed as they vary at all times)

COUNTY	PHONE NUMBER	ADDRESS
Aiken	(803) 643-3696	Aiken County DSS P.O. Drawer 1268 Aiken, SC 29802-1268
Allendale	(803) 584-7063 or 7062	Allendale County DSS P.O. Box 128 Allendale, SC 29810
Anderson Oconee Pickens	(864) 260-4100	Anderson County DSS P.O. Box 827 Anderson, SC 29622-0827
Bamberg	(864) 245-4361 or 4363	Bamberg County DSS P.O. Box 60 Bamberg, SC 29003
Barnwell	(803) 541-0353 or 0429	Barnwell County DSS P.O. Box 1306 Barnwell, SC 298132
Beaufort Colleton Hampton Jasper	(843) 525-7855	Beaufort County DSS P.O. Box 1065 Beaufort, SC 29001
Berkeley	(843) 719-1018	Berkeley County DSS 105 Gullede Street Moncks Corner, SC 29461

COUNTY	PHONE NUMBER	ADDRESS
Calhoun	(803) 655-5550	Calhoun County DSS P.O. Box 467 St. Matthews, SC 29135
Charleston	(843) 740-0551 or 0265	Charleston County DSS 3366 Rivers Avenue N. Charleston, SC 29405
Chester	(843) 581-3355	Chester County DSS P.O. Box 488 Chester, SC 29706
Chesterfield	(843) 623-2150 or 2147	Chesterfield County DSS P.O. Box 269 Chesterfield, SC 29709
Darlington	(843) 332-2231	Darlington County DSS P.O. Drawer 1377 Hartsville, SC 29551
Dillon	(843) 774-8284	Dillon County DSS P.O. Box 1307 Dillon, SC 29536
Dorchester	(843) 563-9524 ext. 306	Dorchester County DSS P.O. Box 906 St. George, SC 29477
Edgefield Abbeville McCormick Greenwood	(803) 637-4040	Edgefield County DSS P.O. Box 644 Edgefield, SC 29824
Fairfield	(803) 635-5502	Fairfield County DSS P.O. Box 210 Winnsboro, SC 29180
Florence	(843) 669-3354 ext. 272	Florence County DSS 2685 S. Irby Street, Box A Florence, SC 29505
Georgetown	(843) 546-5134	Georgetown County DSS 330 Dozier Street Georgetown, SC 29440
Greenville	(864) 467-1021 ext. 11 or 18	Greenville County DSS P.O. Box 10887 Greenville, SC 29603
Horry	(843) 365-5565	Horry County DSS P.O. Drawer 1465 Conway, SC 29526
Lancaster	(803) 286-8208	Lancaster County DSS P.O. Box 1719 Lancaster, SC 29721

COUNTY	PHONE NUMBER	ADDRESS
Laurens	(864) 833-0100	Laurens County DSS P.O. Box 2001 Laurens, SC 29360-2001
Lexington	(803) 957-2989	Lexington County DSS P.O. Drawer 430 Lexington, SC 29071
Marion	(843) 423-4623	Marion County DSS 180 Airport Road, Suite A Mullins, SC 29574
Marlboro	(843) 479-4520 or 4389	Marlboro County DSS P.O. Drawer 120 Bennettsville, SC 29512
Newberry	(803) 321-2155	Newberry County DSS P.O. Box 309 Newberry, SC 29108
Orangeburg	(803) 531-3102 ext. 256	Orangeburg County DSS P.O. Box 1087 Orangeburg, SC 29116
Richland Kershaw	(803) 735-7114 or (803) 714-1000	Richland County DSS 3220 Two Notch Road Columbia, SC 29204
Saluda	(864) 445-2139 or 8151	Saluda County DSS P.O. Box 276 Saluda, SC 29138
Spartanburg	(864) 596-3075	Spartanburg County DSS P.O. Drawer 3548 Spartanburg, SC 29304
Sumter Lee Clarendon	(803) 436-2487 or 2485	Sumter County DSS P.O. Box 68 Sumter, SC 29151
Union Cherokee	(864) 429-1660	Union County DSS P.O. Box 428 Union, SC 29379
Williamsburg	(843) 354-5411 or 5595 ext. 227	Williamsburg County DSS P.O. Drawer 389 Kingstree, SC 29556
York	(803) 328-5595	York County DSS P.O. Box 261 York, SC 29745

ABC VOUCHER CONTROL CENTER

The following must be reported to the ABC Voucher Control Center, hereafter referred to as the ABC Control Center.

- When a child has missed 10 consecutive days
- If payment is not received after 14 working days from receipt of the SVL by DSS
- If provider is going to discontinue services to a client
- If provider will be closed for a week or longer
- If clients fail to attend the program after authorization is given

ADDRESS: ABC Voucher Control Center
ATTN: Provider Team
P.O. Box 100160
Columbia, SC 29202-3160

TELEPHONE: (800) 262-4416
FAX: (800) 310-5417

IMPORTANT!

PLEASE DO NOT SEND ANY OTHER INFORMATION WITH YOUR SVL SUCH AS CHANGE OF ADDRESS, TELEPHONE NUMBER, FEIN NUMBER CHANGES, ETC. THIS INFORMATION MUST BE REPORTED TO THE SUPPORTIVE SERVICES SPECIALIST AND/OR ABC VOUCHER CONTROL CENTER.

INTRODUCTION

These procedures were developed as a guide for the operating practices of the payment, documentation and reporting system for the ABC Child Care Program, hereafter referred to as the ABC Program. Upon notification to providers, the DSS, at its sole discretion, may amend these procedures. Once notified in writing, the provider shall be responsible for compliance to the amended procedure for the purpose defined. Provider compliance will ensure timely and proper payment.

THE PROVIDER MUST REVIEW THESE PROCEDURES SO THAT THEY WILL HAVE AN UNDERSTANDING OF WHAT IS REQUIRED.

PROCEDURES

I. PROVIDER SELECTION

Before any provider can be authorized to serve a client, the DSS SSS and the provider must complete the following forms in order to establish the provider in the ABC Child Care Voucher System for payment.

These forms only have to be completed one time, and do not have to be repeated for each child served. New forms should be completed; however, if any information regarding the provider's facility changes, i.e., address, facility or license capacity, etc., **payment to a provider cannot begin until these forms are returned.**

- Participating Provider Information Form
- Participating Provider Agreement
- Participating Provider Rate Form
- IRS Form W-9
- Copy of **current** DSS License or Registration. If the License/Registration has expired, the provider cannot participate and receive payment for the child requested to serve UNTIL a copy of the current License or Registration is received.

The provider must review all forms for accuracy, sign where applicable and return to the SSS.

The ABC Program advocates parental choice, and clients are responsible for selecting the provider of their choice. The following are steps to be taken if a client selects the provider's facility.

THERE ARE TWO WAYS IN WHICH THE PROVIDER MAY BE CONTACTED TO SERVE A CHILD.

- 1) By the DSS SSS:
 - a. The SSS will contact the provider to determine if a slot is available.
IMPORTANT: If at anytime accepting a client will cause the facility to exceed the licensing capacity, then the provider *cannot* accept the client.
 - b. The parent may also contact the provider, **but the SSS must be the person to verify the slot and authorize the service for the client.**
 - c. The SSS will determine what type of care (full-time, half-time or less than half-time) is needed for the client.
 - d. If the provider has a slot available, the SSS will discuss with the provider the type of care needed and establish a start date for the child to begin.
NOTE: DSS Human Service workers and DSS case managers are **not** authorized to give start dates for child care, only DSS SSS.

- e. The provider must make sure they are enrolled for the care type needed. If the provider is not authorized for a particular care type, they may contact the SSS to request this care type be added (See Amendment X).
 - f. The SSS will send the provider a written letter of approval with the start date and stop date for service. Be sure to pay close attention to these dates, as payment will not be made before the start date, nor after the stop date. **THE PROVIDER MUST NOT SERVE THE CLIENT WITHOUT APPROVAL FROM THE DSS SSS!**
 - g. After the SSS has keyed the client's application into the ABC Child Care Voucher System, the ABCControl Center will also send a letter of approval called the "Authorization/Connection Letter," which gives detailed information about the authorized service. The ABC Program **will not** be responsible for payment for services not properly authorized.
- 2) By a client already authorized for services:
The client may already be receiving services at a provider, and wants to transfer to a new provider. **(Refer to VIII. Transfer, for more detailed information)**
- a. The provider should see at least one acceptable ID of the client to ensure proper identification.
 - b. The provider must complete along with the client the blue Client Connection card or Client Connection Fax form and mail or fax to 1-800-310-5417, in order to connect the client to their program and initiate the payment process for that client. The provider may receive the blue Connection card or fax form from the ABC Control Center or from the parent to obtain authorization to begin services to the client. This must be done in time to receive approval before serving the client. **DO NOT SERVE THE CLIENT BEFORE RECEIVING WRITTEN APPROVAL FROM THE ABC PROGRAM! IF YOU DO, THE ABC PROGRAM WILL NOT BE RESPONSIBLE FOR PAYMENT.**

IMPORTANT NOTE: The provider cannot accept a child for a care type (age group) for which they have not been authorized. A provider may be authorized for full-time care type, but not half-time, etc. If providers are unsure as to the care types for which they are authorized, they should call the SSS or the ABC Control Center. Care types may be added at the provider's request and upon determination by SSS that the program meets requirements.

- c. Upon receipt of the Connection card or fax, the ABC Control Center will verify that the client is eligible to receive services, and that the provider is enrolled to serve the care type requested. The ABC Control Center will then authorize the provider to serve the client (if the client has complied with transfer procedures) and make the necessary "connection" in the system with an established start date.
- d. The provider will receive an "Authorization/Connection Letter" confirming the connection, mailed by the ABC Control Center. The letter will include information such as the authorization date, provider billing rate, client fee, care type authorized and number of weeks of care. **THIS IS THE PROVIDER'S AUTHORIZATION LETTER. THE PROVIDER MUST NOT SERVE THE CLIENT BEFORE RECEIVING THE AUTHORIZATION LETTER WITH THE APPROVED DATE.**

SPECIAL NOTE: If the clients fail to attend the child care program for 10 consecutive days after authorization is given, the provider must notify the ABC Control Center on the 11th day.

II. MAXIMUM CARE ALLOWED

Clients can receive up to a maximum of 52 weeks of care during any one-year period of eligibility. This may be full-time care, part-time or a combination of the two.

III. ABSENCES

Each child is allowed a certain number of absences based on the number of weeks of care that is authorized. The maximum allowable days a child can be absent is 31 days, which is allocated only when 52 weeks of care is authorized. If a child is authorized for less than 52 weeks of care, they will receive a pro-rated share of allowable absences based on the number of weeks of service they receive.

- 1) The ABC Program will pay the weekly rate for the child when absences occur. However, once the child has exceeded the allowable absences, the child can be terminated by the ABC Control Center with the provider receiving written notification. If absences are for an illness, the ABC Control Center must receive a doctor's statement in order for the absences to be waived.
- 2) If a child misses 10 consecutive days without a waiver, the provider must discontinue billing and notify the ABC Control Center. If the child returns to the provider on the 11th day, the provider may bill for the 10 consecutive days of absences and submit those days as absences. If the child does not return, services will terminate on the Sunday following the 10th consecutive absence.

NOTE: If the child does not return on the 11th day and payment is rendered past the 10 days of absences, the amount of over-payment will be deducted from the provider's check.

- 3) Children may have scheduled days that they attend the facility. Failure to attend on these days shall be reported as an absence.

EXAMPLE: A parent may work three 12-hour shifts on Monday, Tuesday and Thursday, and decide to keep the child home on Wednesday and Friday. The child would not be considered absent on Wednesday or Friday because they don't normally attend on these days; however, if the child failed to attend on the other days, they would be considered absent. The provider must discuss the child's schedule and agree on an arrangement with the parent upon accepting the child. Because in many instances absences are reported after the fact on the SVL, a child will be terminated without notice when absences are exceeded. All absences must be reported accurately on the SVL.

IV. PAYMENT – (What to do to get paid)

Providers will submit the SVL for payment.

When the child has been placed with the provider by the SSS:

- After all necessary paperwork is received from the provider and the client's application has been keyed into the ABC Child Care Voucher System, the first SVL is printed and mailed to the provider.
- If additional children are placed by DSS, those children will automatically be keyed by the SSS and should appear on the next SVL.

When the client contacts the provider directly:

- The provider must mail or fax the blue Connection card to obtain approval before serving the client.
- If the provider is already receiving an SVL because they are serving other children, the child will automatically be added to the SVL once the Connection card/fax is received. The provider need not do anything further.
- The SVL will be printed and mailed to the provider.

- » Requests for payment will be honored only after a start date is authorized for each child.
- » The SVLs will be mailed from the ABC Program. They will contain the name(s), and Social Security number(s) of the clients the provider has been authorized to serve, along with other information to help in billing.
- » Providers will receive written authorization for each client they have requested to serve, if approved.

- » Providers must not serve a child prior to receiving written authorization. Those who do so will be serving the children at their own risk, as authorizations/payment cannot be backdated. Therefore the Connection card/fax has to be received by the ABC Program in time.
- » If a Connection card/fax is received, any day other than MONDAY, care will begin the following Monday. If cards or faxes are received on Monday, services can begin the same Monday, if needed.

SEE XIV. (Page 27) – SVL PROCEDURES FOR MORE DETAILED INSTRUCTIONS ON COMPLETING THE SVL.

V. PAYMENT PROBLEMS

Payment is expected to take from 10 to 14 working days from the date the ABC Program receives the signed SVL. Providers are required to wait until after the 14th working day before calling about reimbursement.

The provider may call the ABC Control Center (1-800-262-4416) with questions regarding payment problems, or transactions that did not process.

The following describes three types of “Remittance Advice” statements a provider will or can receive with each reimbursement check:

- 1) Paid Provider Remittance Advice: (See Page 28 for example.) This will be received with each check. The Paid Remittance Advice will identify the client, child and payment amount for each transaction on the submitted SVL which make up the check total. Providers are to match the Paid Remittance Advice against the provider’s copy of the SVL to ensure proper payment for each transaction.
- 2) Rejected Remittance Advice: (See Page 29 for example.) This may be included. It identifies the children who were not paid for and the reason.
- 3) Adjusted Remittance Advice: (See Page 30 for example.) This may also be included, if funds were deducted from the provider’s check. Funds can be deducted if an overpayment occurred.

VI. PROVIDER RATE CHANGES

1) Rate Increases

Providers who increase their child care rates may request a rate increase form at any time.

- The provider must call the SSS and request a Rate Change Form.
- The form is completed by the provider and returned with the required documentation, which is identified in the next bullet.
- With the Rate Change Form, the provider **must include** a copy of their published/written child care rates (i.e., written fee policy, parent handbook with rates included) along with any correspondence given to parents notifying them of the rate increase. The rate increase will not be processed without this information. **Providers who do not currently have a written fee policy (outlining the care types they offer and the rates charged for each) are strongly encouraged to develop one.**
- Once approved, the rate increase will not immediately take effect for those clients currently being served by the provider. The payment rate will remain the same until the client’s eligibility period is renewed. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of their new eligibility period.

EXCEPTION: Foster children are the only clients immediately connected at the new rate.

- Any new clients selecting the provider on or after the date of the rate increase will be paid at the new rate.
- If the provider charges more than the maximum allowed by the ABC Program, only the maximum will be paid. The provider may require the client to pay the difference between their rate and the maximum paid.

2) Rate Decreases

Providers who decrease their rates **must** notify the SSS and request a Rate Change Form.

- The same procedures as outlined in Rate Increases will be followed with the exception that all rate decreases will be effective immediately without regard to the client's eligibility period.

VII. CLIENT'S FEE

The client fee is based on family size and income and is determined by the ABC Program. **The provider is responsible for the collection of client fees in advance of service delivery and documenting that those fees are paid in a timely manner.** The ABC Program assumes no responsibility for collection or payment of client fees.

Foster parents and clients participating in the Family Independence Program do not pay client fees. However, they are responsible for the difference between the provider's rate and the maximum rate paid by the ABC Program, if the provider's rate exceeds the maximum amount.

- 1) The client fee is to be collected weekly in advance of service delivery. ****Providers should not let clients get behind on their weekly fees. (Refer to the Special Note under Client Transfer – VIII.)**
- 2) The provider may discontinue services to the client when client fees are not paid.
- 3) The provider must seek authorization from the ABC Control Center before discontinuing services to a client for failure to pay the client fee (Refer to XI).

VIII. CLIENT TRANSFER

Clients may transfer from one provider to another.

- 1) Clients must notify the ABC Control Center either by telephone or in writing and receive approval **prior** to the transfer.
- 2) Clients may be required to adhere to the provider's **established** policy for notification of transfer.
- 3) The effective date of the transfer will be the 1st Monday following the 7th working day after the ABC Control Center receives the telephone call or written notice from the client requesting the transfer. To determine the effective date of transfer, the day the ABC Control Center receives the telephone call or written notice is considered day one of the notice (see Exception). Then begin counting seven working days from that date. In counting the seven days, do not include state observed holidays (i.e., Fourth of July, Labor Day, etc.) or weekends, as they are not considered working days. Whatever date the 7th working day falls on, the transfer date will be the next Monday after that.
EXAMPLE: Request is made on Wednesday. Counting seven working days beginning with Wednesday, the 7th working day would fall on Thursday of the next week. The transfer date would be the next Monday following this Thursday.
EXCEPTION: If notification is received on a Thursday, then Friday is counted as day one. If notification is received any other day of the week (Monday, Tuesday, Wednesday or Friday), that same day is always counted as day one.
- 4) Notice may be waived under unusual circumstances if sought by the client. The ABC Control Center will notify providers if waivers are approved.
- 5) The previous provider will not be paid after the start date is established for the new provider. **THE ABC PROGRAM WILL NOT PAY TWO PROVIDERS FOR THE SAME WEEK.**
- 6) The previous provider will be notified by telephone of the client's last authorized day of service. A "Transfer Letter" will also be sent.
****SPECIAL NOTE: Clients with unpaid fees at the time of the transfer will still be allowed to transfer. It is the responsibility of the provider to ensure client fees are paid timely.**

IX. RECORDS

These records **are required to be kept on-site and will be reviewed** during regular monitoring visits. Providers should establish good record keeping methods and maintain all documentation in an orderly fashion. Records shall be maintained until reviewed or a minimum of three years, whichever is longest.

- 1) Attendance
 - Daily attendance records must be maintained for each child served through the ABC Program.
 - USDA Food Program sheets are not accepted as documentation of attendance for children served through the ABC Program. A separate attendance log must be maintained.
 - The child's name on the attendance log must match the name on the SVL. **Use the child's given name, not a nickname.**
 - Records must match the absences reported on the SVL submitted for the period. **PROVIDERS MUST ACCURATELY REPORT ALL ABSENCES ON THE SVL.**
 - Absences occurring after submission of an SVL must be reported on the next SVL.
 - **Providers who do not maintain daily attendance or accurate records may be required to repay funds if the provider cannot provide documentation that the child attended the program.**
- 2) Service Voucher Log (SVL)
 - The providers must maintain copies of the SVL on-site for a period of three years for audit purposes. SVLs are in duplicate. The original is mailed to the ABC Program and one copy is for the provider to keep.
 - The providers must review the SVL against the Provider's Remittance Advice. An explanation of the different Remittance Advice statements are noted in Section V. Payment Problems, and SAMPLES of the different Provider's Remittance Advice statements begin on Page 28.
- 3) Client/Child Records

An individual file should be kept on-site for each child enrolled through the ABC Program. Information should include, but not be limited to, the following:

 - Parent's name, child's complete name (especially if last name is different than parent), Social Security number of parent
 - It is helpful to cross-reference each child's file with other children from the same family, especially when the last names are different
 - ABC Authorization/Connection Letter – describes the client's name and name of the child, amount of billing, start and stop dates, client fee amount (if applicable) and type of care OR
 - DSS Authorization Letter – describes the client's name and name of the child, start and stop dates, and client fee amount (if applicable)
 - Any correspondence from the ABC Program related to the client

X. AMENDMENT OF A PARTICIPATING PROVIDER'S FILE

A provider's file can be amended at anytime. An amendment can be initiated by the provider and/or the SSS.

**** PLEASE DO NOT SEND ANY CHANGES WITH YOUR SVL.**

The provider must notify the SSS if any changes or amendments need to be made to their enrollment.

Amendments may occur for, but are not limited to, the following reasons:

- 1) Provider Moves or Sells Facility
 - a. If the provider **MOVES** to another facility, the following must occur:
 - The provider must notify the SSS as soon as possible, but no later than 15 days prior to the move.
 - **The provider must only serve the children at the facility enrolled.** When a provider moves, the License/Registration becomes invalid, and the provider must obtain a new License/Registration for the new location, and submit to the SSS for approval prior to the move.

- If regulatory requirements are met, the provider's enrollment is amended, and the provider will be allowed to serve the children at the new facility.
 - If the provider does not meet regulatory requirements at the new facility, the enrollment is terminated.
- b. If the provider **SELLS** their child care business, the following must occur:
- **The provider must notify the SSS within 30 days of the sale.**
VERY IMPORTANT NOTE: It is extremely crucial to notify the SSS and the ABC Program of the sale of the facility so that payment under the provider's Tax ID number can be stopped. If the provider fails to do this and the new owner continues to receive the SVLs and submits them, payment will continue to be made under the provider's Tax ID, and thus **they are responsible** for payment of taxes due. When the new owner keeps the same facility name, it is easy for them to deposit the checks. In order to correct this to ensure that the provider selling the facility doesn't have to pay taxes on this money, the ABC Program must recoup funds from the provider selling the facility (even though they may have never received the funds) and then reissue a check to the new owner under their Tax ID number. The ABC Program cannot be held responsible when providers fail to notify the SSS or the ABC Program of the sale. Providers should not send this notification in with their last SVL, but must call or write the SSS or ABC Program directly.
 - The provider's enrollment will be terminated effective with the date of the sale, or the date the provider ceases providing services to clients, if that date is before the sale date.
- 2) Adding or Deleting Additional Age Group
- a. Providers can request to add another age group(s) not previously authorized if they are currently providing child care services for that age group.
 - Providers must contact the SSS to request an additional age group be added.
 - Providers must meet regulatory requirements for age group(s) served.
 - b. Providers can request to add half-time or full-time for an age group for which they are already authorized.
 - c. Providers should request to delete an age group if they are no longer serving an age group or do not want to be authorized for that age group.
 - d. The ABC Program may delete an age group if it is determined that the provider is no longer serving that age group or is not meeting regulatory requirements for that age group.
- 3) Change in Facility's Regulatory Status
- a. The provider must notify the SSS if one of the following occurs:
 - If provider changes from Family to Group.
 - If provider changes from Family or Group to a Center.
 - If provider changes from a Group to a Family
 - If provider changes from Center to a Family or Group.
 - b. The provider must forward a copy of the appropriate regulatory document (license/registration) to the SSS to support the change.
 - c. The provider must notify the SSS immediately if their registration or license is revoked or the application for renewal is denied by DSS.
- 4) Facility Becomes Accredited or Loses Accreditation
- When a facility is accredited by a DSS approved accrediting agency, the provider should:
- Notify the SSS and submit documentation of accreditation.
 - If the facility is accredited and loses the accreditation, the provider must notify the SSS immediately.
- 5) Change in Name of Child Care Facility
- If the provider changes the name of the child care facility they must:
- Notify the SSS in writing.
 - Submit a signed W-9 Tax form which can be requested from the SSS or the ABC Control Center
- 6) Change in Director of Child Care Facility
- When the director of the child care facility changes:
- Notify the SSS in writing or by telephone.
 - Submit a copy of the new DSS License/Registration with the new director's name.

7) Change in Mailing/Payment Address or Telephone Numbers

If there is a change in the facility address where services are provided (other than the provider has moved), such as a change because of 911, payment address or telephone number:

- Notify the SSS in writing.
- Submit a signed W-9 Tax form which can be requested from the SSS or the ABC Control Center.

8) Working Telephone

The provider must maintain a working telephone at all times, at the facility where services are being delivered. If the provider's telephone number changes, they must:

- Notify the SSS in writing or by telephone.
- Non-published numbers are not allowed.
- Failure to maintain a working telephone will result in a report being made to DSS Day Care Licensing and/or may result in termination from the ABC Program.

XI. TERMINATION OF CLIENTS

1) Termination by the Provider

Providers have a right to stop serving a client or child if either is disruptive to the program or does not comply with the provider's established policies. Providers must notify clients and the ABC Control Center by calling the provider line at (800-262-4416) before discontinuing services to the client.

- The reason for termination must be included, i.e., failure to pay fees, parent does not pick child up on time or child displays disruptive behavior, etc.
- The termination date will be the last day of the service week (always a Sunday), in which the provider asked the client to leave.
- Clients should be notified by the provider (preferably in writing) a minimum of three working days in advance of the effective termination date.
- Clients should be allowed to finish any week in which the provider has billed for the client.

2) Termination by the ABC Program

The ABC Control Center may terminate a client's child care services. Once a decision has been reached to terminate services, the provider will receive oral and written verification.

- If termination is initiated by the SSS or the ABC Control Center, the provider and client will be notified by telephone that the client's services are being terminated and all payments for services rendered after the termination date become the client's responsibility.
- The provider will be mailed a Denial/Termination Letter that reflects the effective date of termination and the reason for the termination. A minimum of 10 calendar days advance notice will be given from the date the determination to end services is made, unless extenuating circumstances exist, and a waiver is given to the client.

XII. TERMINATION OF A PROVIDER'S FILE

1) Termination by the Provider

A provider can request their file be terminated/closed at anytime. They must notify the SSS or the ABC Control Center as soon as possible.

- Providers who request to be terminated from the program cannot reapply to be a provider in the ABC Program for a period of six months from the date of termination.
- If the provider is serving children, it is requested that parents be given at least a two-week notice so that other child care arrangements can be made.
- The ABC Program will not pay the provider beyond the established date of termination.

2) Termination by the ABC Program

The ABC Program may terminate the provider for the following reasons:

- Provider fails to maintain regulatory requirements (DSS License or Registration).
- If it is determined that the provider is not adhering to the requirements of the ABC Program.

Providers will be notified in writing of the reason for termination and the effective date of termination. Providers may appeal by filing a Notice of Appeal within 30 calendar days of receipt of written notice of the SCDSS' action or decision which forms the basis of the appeal, as identified in the Child Care Provider Agreement.

XIII. GLOSSARY OF TERMS

Definitions of key terms are presented to ensure clarity and understanding. These definitions express the administering agency's intent and meaning for the terms identified.

ABC Child Care Control Center (ABC Control Center)

The authorized child care voucher system management center that is available to provide assistance to clients and providers, and to handle child care applications, funding and connecting.

- Providers call: **1-800-262-4416** for notification requirements and/or questions concerning ABC Voucher Program procedures.
- Parents call: **1-800-476-0199** for any questions.

ABC Child Care Program (ABC Program)

The South Carolina statewide child care assistance program funded by the Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG) and state dollars.

Absenteeism

When the child is not present at the provider's facility during the service unit (week) either due to illness, vacation or court ordered non-custodial visitation.

Accredited Center

A licensed center-based facility which is accredited by the National Association for the Education of Young Children (NAEYC) or other accrediting agencies recognized by DSS.

Activity Fees

Activity fees are considered other fees charged by the provider to parents such as transportation fees or special activity fees, etc. These fees are the **responsibility** of the parent.

Authorized Service Period

The specific time frame that child care services are authorized to a client and a specific provider.

Billing Rate

The provider's weekly service rate minus any applicable client fee.

Care Type

The age groups 0-2, 3-5 and 6-12 in which the provider has enrolled with the ABC Program. Providers cannot offer or receive payment for service in a care type in which they have not been enrolled.

Center-Based Care

Facility licensed by DSS to serve 13 or more children.

Child

The recipient of child care services.

Child Name

The first name of the child.

Child Number

This is the client's Social Security number plus the two-digit code 01, 02, etc. assigned to the child. It identifies the child for the purpose of payment and system activities. **Providers should never change the assigned child number.**

Client

An individual who has met the eligibility criteria and is funded for child care.

Client Fee

That portion of the provider's weekly service rate (cost) which is based on the client's family size and income, and paid by the client directly to the provider.

Client Number

The client's Social Security number. This number identifies all client activity in the system.

Client Termination

Action taken when the client is no longer eligible for services. Once notified that the client is terminated, the provider is not eligible for payment for services.

Connected

A start and stop date (linked to a specific provider) within the ABC Child Care Voucher System.

Denial

When an applicant is denied child care assistance due to inability to meet eligibility criteria or failure to comply with application requirements.

Eligibility Period

The amount of time authorized for the individual child to receive child care services.

End Date

The last date of service authorization.

Facility Cost

The cost a provider charges all parents for a week of child care.

NOTE: Parents are responsible for the difference between the facility cost and the amount paid by the ABC Program, plus any applicable client fee.

Family Day Care Home

Home registered or licensed by DSS to serve no more than six children.

Family Independence Act of 1995

An Act passed by the South Carolina General Assembly to require the DSS to emphasize employment and training with only a minor welfare component. The Act specifies action required by DSS to implement "Welfare Reform." It also specifies requirements for applicants and recipients in order to receive financial assistance.

Family Independence (FI)

Child care assistance provided to current FI stipend clients to encourage participation in approved employment, education or training activities. These requirements are met through the Family Independent Program in South Carolina in an effort to emphasize parental responsibility and self-determination.

Family Independence Stipend

A monthly payment made to a family who meets the required eligibility standards; previously referred to as welfare or AFDC.

Fee Scale

The fee amount is established by SCDSS on the basis of family size and gross family income. That portion of the child care cost, which is paid by the client directly to the child care provider.

Foster Care

Children who are in the custody of DSS, and placed out of their home by and/or under the supervision of DSS.

Full-Day Care

Thirty or more hours of child care service provided during one week.

Funded

Any child for whom dollars have been allocated in their name.

Group Day Care

Home or building licensed by DSS to serve no more than 12 children.

Half-Time Care

Less than 30 hours, but no more than 15 hours of child care service provided during one week.

Less than Half-Time Care

Less than 15 hours of child care service provided during a week. No registration fee is allowed for this care type. This care type only applies to Welfare Reform participants receiving subsidized child care.

Maximum Rate

Maximum weekly rates established by DSS on the basis of a market rate survey of urban and rural counties, type of facility and care types.

Payable Adjustment

The process of paying the provider for monies due them.

Provider Identification Number

The Federal Employer Identification Number (FEIN) or Social Security number of the provider. This number identifies the provider for purposes of payment, tracking and reporting.

Receivable Adjustment

The process of collecting monies that were paid to the provider that were not due them.

Registration Fee

A fee most providers charge to children participating in a child care program. This fee covers program costs not included in the service rate, i.e., insurance, materials, supplies. This fee may not exceed the fee charged to private-paying children in the child care program. **Registration fees must be billed during the time the child attends the facility.** Registration fees cannot be billed after the child has left the program. A provider is not eligible for a registration fee for clients receiving less than half-time care.

Remittance Advice

A document included with the provider's check. There are three different types:

- 1) **Paid Remittance Advice:** indicates what clients and weeks were paid;
- 2) **Rejected Remittance Advice:** indicates which clients and weeks were not paid and the reason;
- 3) **Adjusted Remittance Advice:** indicates if funds were deducted from the provider's check, the amount and the reason.

Service Codes

Those codes assigned to identify the type of payment being made to the provider, i.e., CS for client services and GR for grant request.

Service Cost

The provider rate as reflected in the ABC Child Care Voucher System.

Service Unit

One week of child care (Monday - Sunday). A service unit may be for half-time, full-time or less than half-time child care.

Service Voucher Log (SVL)

A pre-printed payment request form used to process payments to providers for eligible clients.

South Carolina Department of Social Services (DSS)

The administering state agency for the ABC Program, and the agency responsible for administering the Welfare Reform, Family Independence Program.

Start Date

The date services are authorized to begin by DSS or the ABC Program/Control Center staff.

Stop Date

The last date of service authorization.

Week

Monday through Sunday.

XIV. SERVICE VOUCHER LOG (SVL) PROCEDURES

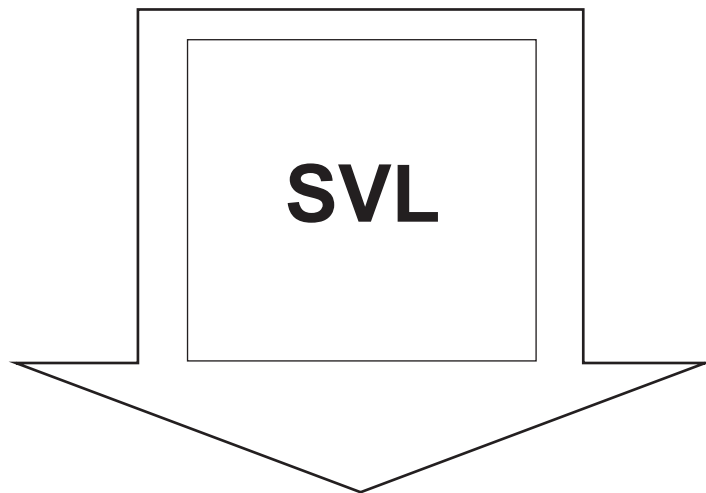
GENERAL INFORMATION ABOUT THE SVL

The information on the SVL is generated from information contained in the ABC Child Care Voucher System. The SVL is designed so that the provider will do as little writing as possible. Following these instructions will help prevent payment problems:

- The SVL will contain one original and one copy of each page. When you write on the original copy (top page), it goes through and prints on the bottom copy.
- If the provider has more than one site enrolled, a separate SVL will be generated and sent to each site. Each site is designated by the two-digit number after the Federal ID number. Children must be served at the site for which they are authorized and connected. The provider cannot switch children from one site to another without prior notification and approval from the ABC Program.
- If the provider has more than one site, and only one site is enrolled in the ABC Program, then the provider can only serve the children at the enrolled site. If it is determined that a provider is serving children at a site that is not enrolled, recoupment of funds will occur.
- It is the provider's responsibility to check over each SVL for completeness and accuracy, note any discrepancies and complete any information needed such as absences or registration fees.
- The provider must sign and date the SVL before mailing. The original SVL with an original signature must be returned to the ABC Program. The provider's signature on the SVL indicates the provider's acknowledgment that they have served the children listed, reviewed the SVL and that all information on it is correct unless otherwise noted.
- Should the owner of the facility not be able to sign the SVLs, they must submit a letter with the SVL indicating the names and titles of any individual authorized to sign in their absence.
- The SVL may be mailed to the ABC Program any day of the week. However, the provider is strongly encouraged to review the SVL and mail it as soon as it is received. Holding the SVL will delay payment.
- Providers will mail the original copy of each page of the SVL in the self-addressed postage paid envelope which is provided with each SVL for easier mailing.
- Copies of SVLs are to be kept on-site for a period of three years for audit purposes and to compare against the Paid Remittance Advice which is sent with the provider's check.
- The provider will be responsible for repayment of any funds received due to incorrect information on the SVL.
- Providers must notify the ABC Control Center of any closings (week or longer, or summer, etc.) at least one month in advance, and must not bill the ABC Program for that period unless the private paying clients are charged as well. The provider can notify the ABC Control Center by making a note on their SVL, contacting the ABC Control Center by calling 1-800-262-4416, or by sending a letter to the ABC Control Center to the attention of the Provider Team.
- If a child's name does not appear on the provider's SVL or suddenly disappears from the SVL, the provider should call the ABC Control Center. Do not write in the child's name on the SVL. If the child just started, their name may not appear on the SVL, but should appear on the next SVL. Look at the "invoice date" in the top left hand corner of the SVL to determine when the SVL was printed. If the SVL was printed on or after the date the child started, then the child will appear on the next SVL and will begin with the child's start date.

- If a client misses a week due to vacation, illness, etc., and the provider requires payment for that week, the provider may bill for the week missed but must report the absences on the SVL.
- Completing SVLs correctly the first time will ensure payment within 10-14 working days after the ABC Program receives the information.
- When the provider receives payment for each SVL, the next SVL will be attached, along with a Paid Remittance Advice document which identifies which children have been paid and a Rejected Remittance Advice for those that have not been paid. An Adjusted Remittance may be included in cases where funds were deducted from the provider's check.
- Providers and clients will be notified of the child's ending service dates 60 days in advance, and the notice shall identify the child(ren) by names and numbers. Ending dates are also shown on the Paid Remittance Advice.

The next several pages give instructions on how to complete the SVL and examples of how to make corrections.



INSTRUCTIONS FOR COMPLETING THE SVL

These numbers and explanations correspond with the numbers on the attached sample SVL.

- 1) **SVL NUMBER:** The number assigned to that specific SVL by the ABC Program.
- 2) **INVOICE DATE:** Date when the SVL was actually generated/printed. The SVL includes any information that was in the ABC Child Care Voucher System before that date. Any connections or changes made on or after the invoice date will appear on the next SVL.
- 3) **PROVIDER NAME:** The provider name that is in the system.
- 4) **PROVIDER NUMBER:** The provider's FEIN or Social Security number that is in the system.
- 5) **CLIENT:** The first initial and the last name of the client. Check to make sure name is correct. If it is incorrect, draw a line through the incorrect name and rewrite the whole name correctly. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 6) **CLIENT NUMBER:** The client's Social Security number. If it is incorrect, draw a line through the incorrect number and rewrite the correct number. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 7) **CHILD:** The first name of the child. If it is incorrect, draw a line through the incorrect name and rewrite the correct name. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 8) **CHILD NUMBER:** The number assigned by the ABC Control Center for each child of the client.
- 9) **WEEKS TO BE PAID:** This is the beginning date and the ending date for the week the provider will be paid. Each week will appear on a separate line. The payment week begins on Monday and ends on Sunday. If the child was not served during one of the weeks shown, draw a line through the child's name, week(s), and weekly rate, **not the Client Social Security number**.

AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION FOR THE CHANGE TO BE MADE, i.e., child was out sick, child has transferred to another center or child no longer attends. A date must be entered to accompany the explanation if the child was sick or transferred to another provider.
- 10) **WEEKLY RATE:** This is the amount you will be paid by the ABC Program for each child per week. If the rate is not correct, draw a line through each incorrect rate and write in the correct amount. Keep in mind that the weekly rate is the provider's rate minus the client fee, and possibly the second child discount, if applicable. **AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION FOR THE CHANGE TO BE MADE, i.e., rate reflects half-time or full-time rate.** If the provider's rates have changed (i.e., increased or decreased), the provider must notify the DSS SSS. Do not write the new rates on the SVL in this case.
- 11) **REGISTRATION FEE: (Reg. Fee)** – This is the Registration Fee and not the regular weekly fee. If the Registration Fee is due for the child, write in the amount on any line for that child during the period that the Registration Fee applies. If the Registration Fee is not due, leave this space blank. Registration Fees, if due, must be submitted during the time the child attends the facility. The provider cannot submit for a Registration Fee after the child has stopped attending this facility.
- 12) **ABSENCES:** Write in the number of days the child was absent on the line containing the child's name for the week in which the absence(s) occurred. If the child was not absent during the week, enter "0." If mailing the SVL back before the weeks on the SVL have passed, it will not be known how many days the child will be absent. Therefore, record a "0" and report the absences for that week on the next SVL submitted. It is extremely crucial to accurately report ALL absences. **AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION, i.e., child was sick and the date(s).** Recording the dates helps the provider to know which absences have been reported.

- 13) **COMMENTS:** Use this section to explain changes or corrections made to the SVL. Some further hints are:
- a. If a child was terminated/dropped from the facility **after** the week listed on the SVL, write “dropped” in the COMMENTS Section and give the date.
 - b. If a child was terminated/dropped from the facility **prior to** the week listed on the SVL, and is no longer enrolled, draw a line through the child’s name (not SSN) so you don’t receive payment for that week(s). Write “dropped” in the COMMENTS Section and give the date.
 - c. If a child has never attended the facility, draw a line through the child’s name (not SSN). Write “never attended” in the COMMENTS Section.
 - d. If a child transferred to another provider **after** the week(s) listed on the SVL, write “transferred” in the COMMENTS Section and give the date. If the provider has more than one site enrolled and the child transferred to another of the provider’s sites, write “transferred to (give the name of the facility, address and FEIN number)” and date of transfer in the COMMENTS Section.
 - e. If a child has transferred to another provider prior to the week listed on the SVL, and is no longer enrolled at the facility, draw a line through the child’s name (not SSN) and all weeks(s) that the child did not attend. Write “transferred” in the COMMENTS Section and give the date. If the provider has more than one site enrolled and the child transferred to another of the provider’s sites, write “transferred to (give the name of the facility, address and FEIN number)” and give the date of transfer in the COMMENTS Section.
 - f. If the provider has more than one site enrolled, and a child is listed on one of the site’s SVL, but actually goes to another of the provider’s sites, draw a line through the client’s name (not SSN) and the week(s) the child did not attend. Write “now attending.” (Give the name of the facility, address and FEIN number) and date child started attending that site. **EXAMPLE:** Provider has ABC Day Care and ABC Learning Center. Child is showing on the SVL for ABC Day Care, but actually attends the ABC Learning Center. Then the provider must note on the SVL as indicated above to let the ABC Control Center know to connect the child to the correct facility.
- 14) **SIGNATURE AND DATE:** The person authorized by the provider to sign for the program must sign and date the SVL. This signature verifies the accuracy of the information, including any changes that have been made. Unsigned SVLs will be returned.
- 15) **PREPARED BY, DATE & TELEPHONE NUMBER:** Enter the name and telephone number of the person completing the SVL, and the date completed. Incomplete SVLs will be returned and thus payment will be delayed.
- 16) Provider sends SVL to the address shown on the bottom right hand corner of the SVL (a self-addressed postage paid envelope is provided). Provider **MUST** send the original and a copy.

South Carolina Department of Social Services
ABC Child Care Voucher System
SERVICE VOUCHER LOG
SAMPLE

CC4000

Page 1 of 1

SVL Number: 19970416

Date: 02/08/01

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

	Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
					From	To				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

PAGE TOTAL: \$ _____

TOTAL: \$ _____

Signature: _____ Date: _____

Prepared By: _____ Date: _____ Telephone: _____

Send Original and a Copy of Each Page To: SVL

Address of where to mail SVL
will be listed here.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND
SERVICES WERE PROVIDED IN ACCORDANCE WITH MY PROVIDER AGREEMENT.

WHAT TO DO IF A CHILD'S NAME IS MISPELLED

Providers must check all the information on the SVL against their records for accuracy. For example, make sure the child's first name is spelled correctly. **We use the child's given first name, not a nickname.** If the name is incorrect, draw a line through the incorrect name and write in the full correct name; do not correct just the incorrect letter. In this example, Chris was spelled wrong, so "Chris" was crossed out and the correct spelling was written beside it. It is only necessary to correct one line even though Chris may appear more than once.

South Carolina Department of Social Services ABC Child Care Voucher System SERVICE VOUCHER LOG SAMPLE

Page 1 of 1

CC4000

SVL Number: 19970416

Date: 02/08/01

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

	Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
					From	To				
1.	A. FOSTER	283-33-4839	CHRIS KRIS	02	02/02/04	02/08/04	\$59			
2.	A. FOSTER	283-33-4839	CHRIS	02	02/09/04	02/15/04	\$59			
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

PAGE TOTAL: \$ _____

TOTAL

HOW TO RECORD ABSENCES

If the child was absent, write in the number of days the child was absent on the line containing the child's name for the week in which the absence occurred. If no absences occurred, write in "0."

If you are mailing the SVL back before the entire week(s) noted in the column "Weeks To Be Paid" [on the SVL] have passed, you will not know if the child will be absent. Therefore, record a "0" in the absences column and report the absence(s) on the next SVL you submit along with the dates.

On this SVL, the child Thomas was absent one day during the week of 02/02/04 - 02/08/04. Therefore, a "1" was written in the correct space under absences and in the Comments section, the actual date of absence was written. Thomas did not have any absences the week of 02/09/04 - 02/15/04 and a "0" was placed in the absence column beside that week.

****REMEMBER the dates of absences(s) and an explanation must be written in the COMMENTS Section.**

South Carolina Department of Social Services ABC Child Care Voucher System SERVICE VOUCHER LOG SAMPLE

CC4000

Page 1 of 1

SVL Number: 19970416

Date: 02/03/04

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

	Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
					From	To				
1.	S. BROWN	251-96-3477	THOMAS	01	02/02/04	02/08/04	\$70		1	Absent 2-6-04
2.	S. BROWN	251-96-3477	THOMAS	01	02/09/04	02/15/04	\$70		0	
3.										
4.										
5.										
6.										
7.										
8.										

WHAT TO DO WHEN A CLIENT LEAVES YOUR PROGRAM

If a client is leaving or has left the program, the provider will need to pay close attention to the SVL and the weeks being paid to avoid an overpayment. In this case, Sam's last day with the provider was Friday, February 6, 2004. Remember, the payment week always ends on a Sunday. Therefore Sam's actual termination date is Sunday, February 8, 2004. This SVL is paying the provider for 2 weeks – the week of 02/02/04 - 02/08/04 AND 02/09/04 - 02/15/04. Since Sam only received services through 02/06/04, the provider is only eligible for payment for that week. Draw a line through the child's name, week of 02/09/04 - 02/15/04 and the weekly rate (not the SSN).

An explanation must accompany the change. In the COMMENTS Section write your explanation. In this case, the provider noted that the child terminated from the program 02/06/04 and transferred to Happy Kids.

South Carolina Department of Social Services ABC Child Care Voucher System SERVICE VOUCHER LOG SAMPLE

Page 1 of 1

CC4000

SVL Number: 19970416

Date: 02/03/04

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

	Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
					From	To				
1.	R. SCOTT	251-96-3477	SAM	91	02/02/04	02/08/04	\$65		1	
2.	R. SCOTT	251-96-3477	SAM	01	02/09/04	02/15/04	\$65		0	Last day 2/6/04. Transferred to Happy Kids.
3.										
4.										
5.										
6.										
7.										
8.										
9.										

HOW TO GET PAID FOR A REGISTRATION FEE

In this example, all other information on this client was correct. A registration fee of \$30 is due. Therefore \$30 was written in the Reg. Fee Column on the line beside the client's name. The ABC System will not automatically put the registration fee on the SVL, the provider must record it when it is due. Remember, clients receiving less than half-time care are not eligible to receive a Registration Fee from the ABC Program. The provider may require the client to pay the fee if the client has used up their allocation for registration fees.

South Carolina Department of Social Services ABC Child Care Voucher System SERVICE VOUCHER LOG SAMPLE

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CC4000

SVL Number: 19970416

Date: 02/03/04

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
				From	To				
1. D. MCGUIRE	233-76-7864	DIANE	03	02/02/04	02/08/04	\$65	\$30		
2. D. MCGUIRE	233-76-7864	DIANE	03	02/09/04	02/15/04	\$65			
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

PAGE TOTAL: \$ _____

TOTAL

THIS IS WHAT YOUR FINALIZED SVL SHOULD LOOK LIKE ONCE ALL CHANGES/INFORMATION HAVE BEEN COMPLETED

South Carolina Department of Social Services
ABC Child Care Voucher System
SERVICE VOUCHER LOG
SAMPLE

Page 1 of 1

CC4000

SVL Number: 19970416

Date: 02/03/04

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
				From	To				
1. A. FOSTER	283-33-4839	CHRIS KRIS	02	02/02/04	02/08/04	\$59		0	
2. A. FOSTER	283-33-4839	CHRIS	02	02/09/04	02/15/04	\$59		0	
3. S. BROWN	251-96-3477	THOMAS	01	02/02/04	02/08/04	\$70		1	Absent 2-6-04
4. S. BROWN	251-96-3477	THOMAS	01	02/09/04	02/15/04	\$70		0	
5. R. SCOTT	251-96-3477	SAM	91	02/02/04	02/08/04	\$65		0	
6. R. SCOTT	251-96-3477	SAM	01	02/09/04	02/15/04	\$65			Last day 2/6/04. Transferred to Happy Kids.
7. D. MCGUIRE	233-76-7864	DIANE	03	02/02/04	02/08/04	\$65	\$30	0	
8. D. MCGUIRE	233-76-7864	DIANE	03	02/09/04	02/15/04	\$65		0	

PAGE TOTAL: \$ _____

TOTAL: \$ _____

Signature: SIGN HERE Date: DATE

Prepared By: SIGN HERE Date: DATE Telephone: PHONE #

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND SERVICES WERE PROVIDED IN ACCORDANCE WITH MY PROVIDER AGREEMENT.

Send Original and a Copy of Each Page To: SVL

Address of where to mail SVL will be listed here.

PROVIDER
REMITTANCE ADVICE
PROCESS DATE: 02/03/04

Run Date 02/03/04

Page 1
CC1004

LOLLIPOP DAY CARE
751 CHOCOLATE LANE
COLUMBIA, SC 29202
FID NUMBER 5700700080-00

PAID VOUCHERS

CLIENT NAME	RECIP. NAME	RECIP. NO.	VOUCHER NO.	SRV. PER.	TYPE	UNITS	AMOUNT	SERVICE STOP DATE*
MONIKA			288651	02/01/04	CS	3	61	07/13/04
DERICK			288640	02/01/04	CS	3	66	06/06/04
BRANDON			256178	02/01/04	CS	3	56	04/18/04
TERRY, JR.			256178	02/01/04	CS	5	147	07/25/04
BRIDGETTE			256184	02/01/04	CS	3	54	08/15/04
BRANDY			256184	02/01/04	CS	3	66	08/15/04
CHRISTOPHER			156177	02/01/04	CS	3	66	12/12/04
CHRISTOPHER			156177	02/01/04	RF	1	50	04/18/04
ASHLEY			288639	02/01/04	CS	3	45	10/10/04
VICTORIA			256153	02/01/04	CS	3	66	10/24/04
ALEX			256172	02/01/04	CS	4	122	06/20/04
ALEX			256172	02/01/04	RF	1	50	09/05/04
KENYATTA			256183	02/01/04	CS	9	22	02/22/04
TOTAL PAID: 21							\$1411	

TYPE CODES: CS=CHILD CARE SERVICES RF=REGISTRATION FEE
*NOTE: Payment will not be made for services rendered after this date.

Run Date 02/03/04

PROVIDER
REMITTANCE ADVICE
PROCESS DATE: 02/03/04

Page 2
CC1004

LOLLIPOP DAY CARE
751 CHOCOLATE LANE
COLUMBIA, SC 29202
FID NUMBER 5700700080-00

REJECTED VOUCHERS – MUST BE RESUBMITTED FOR PAYMENT

CLIENT NAME	RECIP. NAME	RECIP. NO.	VOUCHER NO.	SRV. PER.	TYPE	UNITS	AMOUNT	SERVICE STOP DATE*
REASON FOR REJECTION: Recipient Not Eligible for Payment for Service Period Billed with Billing Provider								
	RYAN	-01	TD361049	02/01/04	CS	1	35	/ /
REASON FOR REJECTION: Recipient Not Eligible for Payment for Service Period Billed with Billing Provider								
	JARED	-02	TD361047	02/01/04	CS	1	55	/ /

TOTAL REJECTED: 2 \$90

TYPE CODES: CS=CHILD CARE SERVICES RF=REGISTRATION FEE
*NOTE: Payment will not be made for services rendered after this date.

PROVIDER
REMITTANCE ADVICE

Run Date 02/03/04

LOLLIPOP DAY CARE
751 CHOCOLATE LANE
COLUMBIA, SC 29202
FID NUMBER 5700700080-00

ADJUSTMENTS

CLIENT NAME	RECIP. NAME	RECIP. NO.	ADJUST NO.	Srv. Per.	SERVICE TYPE	AMOUNT
MELISSA CANDY	JOSEPH	256-84-9348	A701112-01	01/26/04 - 02/01/04	CS	-112

TOTAL PAID \$ 2790

TOTAL ADJUSTMENT \$ -112

TOTAL NET PAID \$ 2678

TYPE CODES: CS=CHILD CARE SERVICES RF=REGISTRATION FEES